

Na	me Date						
13.	Do you have dependent(s) that require supervision during work hours? Yes No If "Yes," will you be able to make arrangements for the dependent(s) if you are offered work?						
12.	Do you have limitations that may keep you from performing the type of work that you are seeking? \square Yes \square No \square If "Yes," please explain.						
11.	Are you self-employed?						
10.	Do you attend or plan to attend school or training?						
9.	How many miles are you willing to travel to a job (one way)?						
8.	What type of transportation do you have to get to a job?						
7.	What is the lowest pay acceptable?						
6.	What hours are you available for work?						
5.	What type of work are you seeking?						
4.	Are you looking for full-time work, part-time work, or both?						
3.	How much experience did you have on that job? (Please provide the number of years and months.)						
2.	2. Please provide your rate of pay on your last job.						
1.	Have you worked since you filed for unemployment insurance benefits? (This includes full-time work, part-time work, or temporary work.) \square Yes \square No If "Yes," when?						



Name	Social Security Number		

Keep a list of all the employers and labor unions you contact each week while claiming unemployment benefits. Make at least as many contacts each week as you were instructed when you first filed. You must bring your completed "Work Search Record" with you when you report for your Reemployment and Eligiblity Assessment interview. You can get another copy of this form by visiting: www.labor.mo.gov/DES/Forms/4633-AI.pdf or you may use your own sheet.

Date of Contact	Employer's Name, Address, and Phone Number	Method of Contact*	Name/Title of Person Contacted	Position Applied For	Was Applica- tion Taken?	Result of Contact
1-25-09	ABC Company - 829 Juniper Kansas City, MO 64111 816-555-1221	I	Eric Dean, Manager	Warehouse	Yes	Check back in Feb.